



UNITED STATES OF AMERICA  
VETERANS AFFAIRS POLICE DEPARTMENT  
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**\*PLEASE PRINT\***

**\*NOTE: IF POSSIBLE, MAKE CONTACT W/LOT ATTENDANT PRIOR TO LEAVING FORM ON WINDSHEILD**

**NAME (Last, First MI)**\_\_\_\_\_

**SERVICE:**\_\_\_\_\_ **RESIDENT(Y/N):** \_\_\_\_\_

**EXT. OR WORK CELL**\_\_\_\_\_

**MAKE:**\_\_\_\_\_

**MODEL:**\_\_\_\_\_

**YEAR:**\_\_\_\_\_

**COLOR:**\_\_\_\_\_

**TAG#/STATE:**\_\_\_\_\_

**STICKER#:**\_\_\_\_\_ **REPLACES**\_\_\_\_\_

**PARKING CARD#**\_\_\_\_\_ **Signature:**\_\_\_\_\_